

LOUISIANA COMMISSION ON LAW ENFORCEMENT
AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW
SUMMARY

APPLICATION NUMBER: C12-4-009

APPLICANT: The New Start Center

PROJECT TITLE: Domestic Violence Program

PROJECT FUNDS :

FUND:	\$	<u>26,487</u>	80.00%
MATCH:	\$	<u>6,622</u>	20.00%
TOTAL:	\$	<u>33,109</u>	100.00%

PROJECT DURATION: 12 months

START DATE: 10/01/2012

END DATE: 09/30/2013

Continuation of C01-4-012

PROJECT SUMMARY:

New Start Center provides services for women and children in the area. The number of persons served: 313 women and 524 children. Our goal is to serve the abused women so they receive more support by providing advocacy and outreach services with TRO, court escort , community education, and the collaboration with police personnel. We want to provide the services that will enable the women and children who come to our Center to feel safe by providing adequate housing and to feel good about themselves in the decision to seek help.

RECOMMENDATION : FUND X DENY

SPECIAL CONDITIONS :

1. NO DRAWDOWN OF FUNDS (AWARD) UNTIL APPLICATION IS REVIEWED AND APPROVED BY LCLE STAFF.



**LOUISIANA COMMISSION
ON LAW ENFORCEMENT
AND THE ADMINISTRATION
OF CRIMINAL JUSTICE**

CRIME VICTIM ASSISTANCE
FORMULA GRANT PROGRAM

CFDA #16.575

FOR LCLE USE ONLY:

Project ID: C12-4-009

CVA Purpose Area: 1,2,3,4

1. TITLE OF PROJECT

Domestic Violence *Program*

2. NEW PROJECT

CONTINUATION PROJECT OF: C11-4-009

3. PROJECT DURATION

Total Length: **12** Months (*Not to exceed 12 Months*)

Desired Start Date: 10/1/2012

Desired End Date: 9/30/2013

4. PROJECT FUNDS

Federal Funds: \$26,487

Cash Match

In-Kind Match: \$6,622

Total Project: **\$33,109**

5A. APPLICANT AGENCY INFORMATION

Agency Name: New Start Center

Physical Address: 303 Rousseau St

City: St. Martinville Zip: 70582-3446

Mailing Address: P.O. Box 504

City: St. Martinville Zip: 70582-0504

Phone: (337) 394-8559 FAX: (337) 394-7861

Email: sbrous@cox.net

5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY

Authorized Official: Sis Broussard

Title: Executive Director

Agency Name: New Start Center

Address: 303 Rousseau St..

City: St. Martinville Zip: 70582-3446

Phone: (337) 394-8559 FAX: (337) 394-7861

Email: sbrous@cox.net

Fed Employer Tax Id: 72 - 1450742

DUNS: 057983319 -

CCR CAGE/NCAGE: 5EWJ1

CCR Expiration Date: 1/8/2013

6. IMPLEMENTING AGENCY

Name: Sis Broussard

Title: Executive Director

Agency: New Start Center

Address: P.O. Box 504

City: St. Martinville Zip: 70582-0504

Phone: (337) 394-8559 FAX: (337) 394-7861

Email: sbrous@cox.net

7. PROJECT DIRECTOR

Name: Sis Broussard

Title: Executive Director

Agency: New Start Center

Address: P.O. Box 504

City: St. Martinville Zip: 70582-0504

Phone: (337) 394-8559 FAX: (337) 394-7861

Email: sbrous@cox.net

8. FINANCIAL OFFICER

Name: Marian Melancon

Title: Bookeeper

Agency: New Start Center

Address: P.O. Box 504

City: St. Martinville Zip: 70582-0504

Phone: (337) 394-8559 FAX: (337) 394-7861

Email: mbmtax@cox.net

9. BRIEF PROJECT DESCRIPTION: (Please do not exceed space provided below.)

New Start Center provides services for women and children in the area. The number of persons served: 313 women and 524 children. Our goal is to serve the abused women so they receive more support by providing Advcoacy and Outreach services with TRO and court escort and community education, and the collabration with the police personal. We want to provide the services that will enable the women and children who come to our center to feel safe by providing adequate housing and to feel good about themselves in the decision to seek help.

2012 SEP 12 PM 5:56

LA COMMISSION
LAW ENFORCEMENT

VOCA PURPOSE AREAS

Please Check Type of Victimization Served (Check all that apply):	
<input checked="" type="checkbox"/>	Sexual Assault
<input checked="" type="checkbox"/>	Domestic Abuse
<input checked="" type="checkbox"/>	Child Abuse
<input checked="" type="checkbox"/>	Previously Underserved
State Type of Previously Underserved: Domestic violence	

PROJECT BUDGET SUMMARY

INSTRUCTIONS: The Checklist is self-explanatory. In Project Summary, applicable budget category totals will be automatically entered from each of the Detailed Project Budget Summaries. Provide source of Cash and/or In-Kind Match. In last table, check the type of victimization types that this project will address.

CHECKLIST:

	YES:	NO:
Are all budgeted items allowable per Program Guidelines?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were instructions followed to determine allowable personnel/contractual costs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all line item computations correct?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do line items add to category totals?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Have category totals been rounded to nearest dollar?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Each category amount listed in the table below must equal category totals shown on Pages 3 through 11.

Person Completing Budget Section: Marian Melancon

Title: Bookkeeper

Phone: (337) 394-8559

Fax: (337) 394-7861

E-Mail: mbmtax@cox.net

PROJECT BUDGET SUMMARY

BUDGET CATEGORIES	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
SECTION 100. PERSONNEL	\$24,606	\$0	\$6,622	\$31,228
SECTION 200. FRINGE BENEFITS	\$1,881	\$0	N/A	\$1,881
SECTION 300. TRAVEL	\$0	\$0	\$0	\$0
SECTION 400. EQUIPMENT	\$0	\$0	\$0	\$0
SECTION 500. SUPPLIES	\$0	\$0	\$0	\$0
SECTION 600. CONTRACTUAL	\$0	\$0	N/A	\$0
SECTION 700. RENOVATION COSTS	\$0	\$0	\$0	\$0
SECTION 800. OTHER DIRECT COSTS	\$0	\$0	\$0	\$0
TOTAL:	\$26,487	\$0	\$6,622	\$33,109

Provide Source of Cash Match:

Provide Source of In-Kind Match: 662.2 hrs. @\$10 hrs. annually = \$6,622 (15 Volunteers 3.68 hours a month= 55.18 a month @ 12mos. = \$6,622 annually

SECTION 100. PERSONNEL

Enter Position Titles and Names of the employees for each position funded through this grant. For further information and direction, please refer to the application instructions.

FULL-TIME EMPLOYEES:

POSITION TITLE	EMPLOYEE NAME	FT	ACTUAL MONTHLY SALARY	TIME DEVOTED TO PROJECT	NUMBER OF MONTHS	TOTAL SALARY PAID BY GRANT	PAID WITH	
							F	C
Court Advocate	Kristie Prejean	FT	\$2,166.80	42.45%	12.00	\$11,037.67	<input type="checkbox"/>	<input type="checkbox"/>
Outreach Advocate	Sis Broussard	FT	\$3,769.00	30.00%	12.00	\$13,568.40	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						\$24,606.07	F = Fed Funds C = Cash Match	

PART-TIME OR OVERTIME EMPLOYEES:

POSITION TITLE	EMPLOYEE NAME	PT OT	ACTUAL EMPLOYEE HOURLY SALARY RATE	NUMBER OF HOURS	TIME DEVOTED TO PROJECT	NUMBER OF WEEKS	TOTAL SALARY PAID BY GRANT	PAID WITH	
								F	C
		PT	\$0.00		0.00%		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		PT	\$0.00		0.00%		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		PT					\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL AMOUNT OF PART-TIME AND/OR OVERTIME EMPLOYEES SALARIES:							\$0.00	F = Fed Funds C = Cash Match	

VOLUNTEERS:

DUTIES: List ONLY volunteers used as In-Kind Match. Duties must directly relate to the focus of this project. For further information and direction, please refer to the application instructions.	NO. OF HOURS	VALUED RATE OF HOURLY PAY	IN-KIND TOTAL
Transport women to and from court and the doctor as needed. Provide babysitting services as needed	662.20	\$10.00	\$6,622.00
Assist the women in locating safe affordable housing by transporting them to the sites and discussing options			
to the appropriate staff person or handle disseminating of information requested. Copying important documents.			\$0.00
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:			\$6,622.00

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	\$24,606
CASH MATCH	\$0
IN-KIND MATCH	\$6,622
PERSONNEL TOTAL	\$31,228

SECTION 100. PERSONNEL (Continued) – BRIEFLY EXPLAIN

Yes No Are job descriptions for each position attached? If not, explain: Both Job Description are attached

Yes No Are resumes for each position attached? If not, explain: Both Resumes are attached

A) Need for each position shown above; justify need for overtime:

A)The Court Advocacy position is needed to assure that the aspect of each victims circumstances are handled in the proper judiciary manner for her necessary protection. To escort clients to court, To assist with the court process and criminal and civil matters of clients; To provide on-going emotional support for the clients in the court room.

B)The Outreach Coordinator is needed to provide education about domestic violence and information about the goals of the program in order to promote active involvement and participation from the community. The Outreach Coordinator also is needed to provide direct service delivery to family violence survivors and their children through counseling, advocacy, referral.

B) The basis for determining the salary of each position:

The qualifications determine the salary and the range of salaries are taken into consideration from other spousal abuse programs to determine salary ranges. The qualifications are: High school diploma or GED: or, a minimum of 4 years experience/training in working with social service agencies. Public speaking and fund-raising experience desirable. some knowledge of domestic violence. A resident of the community or the surrounding area. Outgoing and personable, willing to meet and organize people, energetic, open and excited about doing a new project. Openness and interest in learning about domestic violence and awareness that this work may challenge social systems of the community and work creatively with such system. Ability to work in cooperation with the program staff and community, yet be self-directed and able to identify and motivate members of the community.

C) Project duties of each position requested:

A)Outreach Coordinators duties:Visit directors and staff of agencies and organizations within the parish, making them aware of the program, what services are available and how they can be a part of ending domestic violence. Attend community functions and participate in community activities such as health fairs, town meetings, and fund-raisers. Submit articles related to domestic violence in local newspapers, handing out brochures and posters, and, generally raising awareness of domestic violence in the community. Conduct presentations to local civic organizations, churches, and any other groups that will listen. Coordinates efforts with the Volunteer Assistant with recruiting volunteers to assist with organizing the community and to assist with direct services.

B)The Court Advocates primary duties are: 1. To be a court advocate for clients; 2. to escort clients to court; 3. To assist with Temporary Restraining Orders and Protective Orders; 4. To assist with the court process and criminal and civil matters of clients; 5. To provide on-going emotional support for the clients; 6. To maintain all client records and monthly statistics of clients.

D) Indicate if personnel will be new or existing personnel. If existing, indicate if position has been backfilled. If this is a continuation application, indicate the personnel's original status. [Existing personnel is an employee that currently works for the agency, but will now be working on grant activities. If so, the position from which the employee was moved must be filled. If employee is same from the previous grant, indicate if the employee was originally hired for that position.]

Both Personnel is existing for these positions.

SECTION 200. FRINGE BENEFITS (Employer's Share Only)

Enter the Individual Name(s) of the employees receiving fringe benefits for each position funded through this grant. There are two sets of each benefit below to allow budgeting for eight employees. For further information and direction, please refer to the application instructions.

Check: All Fringe Benefits Will Be Paid by Applicant Agency

Additional Fringe Benefits Will Be Paid by Applicant Agency

EMPLOYEES' NAMES:					EMPLOYEES' NAMES: (Continued)						
SOCIAL SECURITY		RATE		SALARY	TOTAL	SOCIAL SECURITY		RATE		SALARY	TOTAL
1.	Krisie Prejean	.062		\$11,038	\$684	5.		.062			\$0
2.	Sis Broussard	.062		\$13,567	\$841	6.		.062			\$0
3.		.062			\$0	7.		.062			\$0
4.		.062			\$0	8.		.062			\$0
MEDICARE		RATE		SALARY	TOTAL	MEDICARE		RATE		SALARY	TOTAL
1.	Kristie Prejean	.0145		\$11,038	\$160	5.		.0145			\$0
2.	Sis Broussard	.0145		\$13,567	\$196	6.		.0145			\$0
3.		.0145			\$0	7.		.0145			\$0
4.		.0145			\$0	8.		.0145			\$0
HEALTH/LIFE INSURANCE Provide monthly insurance rates		RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL	HEALTH/LIFE INSURANCE Provide monthly insurance rates		RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL
1.					\$0	5.					\$0
2.					\$0	6.					\$0
3.					\$0	7.					\$0
4.					\$0	8.					\$0
WORKMAN'S COMPENSATION		RATE		SALARY	TOTAL	WORKMAN'S COMPENSATION		RATE		SALARY	TOTAL
1.					\$0	5.					\$0
2.					\$0	6.					\$0
3.					\$0	7.					\$0
4.					\$0	8.					\$0
UNEMPLOYMENT TAX Based on first \$7,000 or Less		RATE	TYPE	SALARY	TOTAL	UNEMPLOYMENT TAX Based on first \$7,000 or Less		RATE	TYPE	SALARY	TOTAL
1.			CHECK TYPE:		\$0	5.			CHECK TYPE:		\$0
2.					\$0	6.					\$0
3.			<input type="checkbox"/> FUTA		\$0	7.			<input type="checkbox"/> FUTA		\$0
4.			<input type="checkbox"/> SUTA		\$0	8.			<input type="checkbox"/> SUTA		\$0
PUBLIC/PRIVATE RETIREMENT		RATE		SALARY	TOTAL	PUBLIC/PRIVATE RETIREMENT		RATE		SALARY	TOTAL
1.					\$0	5.					\$0
2.					\$0	6.					\$0
3.					\$0	7.					\$0
4.					\$0	8.					\$0
OTHER:		RATE		SALARY	TOTAL	OTHER:		RATE		SALARY	TOTAL
1.					\$0	5.					\$0
2.					\$0	6.					\$0
3.					\$0	7.					\$0
4.					\$0	8.					\$0
FRINGE BENEFITS TOTAL (A):					\$1,881	FRINGE BENEFITS TOTAL (B):					\$0

PLEASE NOTE: IF MORE THAN EIGHT EMPLOYEES CHARGED TO THIS PROJECT, PLEASE COMPLETE AN ADDENDUM PAGE.

Fringe Benefits Total (A+B): \$1,881

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	\$1,881
CASH MATCH	
TOTAL FRINGE BENEFITS	\$1,881

SECTION 300. TRAVEL

Itemize travel expenses of project personnel. Mileage is unallowable in agency owned vehicles. Charges are not to exceed established agency travel rates, but in no case can this exceed current Louisiana Travel Guideline rates. *Only 50% of out-of-state travel reimbursement and requires prior approval from LCLE.*

LOCAL TRAVEL: NAME/POSITION TITLE/PURPOSE OF TRAVEL	MILEAGE RATE	TOTAL MILES	TOTAL COST	PAID WITH		
				F	C	IK
NAME: TITLE: PURPOSE:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL FOR LOCAL TRAVEL:			\$0.00	F = Federal Funds C = Cash Match IK = In-Kind Match		

NON-LOCAL IN-STATE/OUT-OF-STATE TRAVEL (OUT-OF-STATE TRAVEL REQUIRES PRIOR APPROVAL FROM LCLE) NAME/POSITION TITLE/PURPOSE OF TRAVEL	TRAVEL DESTINATION	TRAVEL DATES:		PAID WITH		
		FROM	TO	F	C	IK
NAME: TITLE: PURPOSE:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME: TITLE: PURPOSE:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTINUED FROM ABOVE TABLE	MILEAGE RATE	TOTAL MILES	MILES COST	NO. OF DAYS	NO. OF MEALS	MEAL COSTS	AIRFARE COSTS	LODGING COSTS (Include Tax)	OTHER TRAVEL COSTS	TOTAL COSTS	PAID WITH		
											F	C	IK
NAME:			\$0.00							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME:			\$0.00							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME:			\$0.00							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL FOR NON LOCAL IN-STATE AND OUT-OF-STATE TRAVEL COST:										\$0.00	F = Federal Funds C = Cash Match IK = In-Kind Match		

SECTION 300. TRAVEL SUMMARY	
FEDERAL FUNDS	
CASH MATCH	
IN-KIND MATCH	
TRAVEL TOTAL	\$0

PROGRAM NARRATIVE

A. PROBLEM DEFINITION

1. Identify the nature and magnitude of the specific problem existing in your particular community that needs to be addressed through this proposed project. **Document the need, not the symptoms or solutions.** Be sure to include current **valid local data** to support the justification. Give the source and date of your information. State the needs of your agency and the needs of the victims in your area as related to this problem and justify the need for the proposed project.

St. Martin is a rural, economically depressed parish whose population of 52,160 is made up mostly of farmers, and small business owners who are primarily Cajuns (Caucasian) and African Americans. St. Martin Parish covers over 700 square miles and is geographically isolated by the Atchafalaya Basin, rivers, lakes and bayous. This makes it difficult for the victims to leave. Most families have only one car and that is usually under the control of the husband, leaving the victim to depend on family or friends. According to data collected from New Start Center's database, the staff presently averages between 20-25 women per month and continues to increase. Our Legal Advocate will assist survivors in obtaining relief through the court system by assisting them in filing a temporary restraining order (TRO). Our legal advocate will accompany the survivor to court for support and to answer any questions. In the event the survivor wants an attorney, a referral will be made to other attorneys or to the Pro Bono Project.

The Outreach Coordinator will provide education about domestic violence and information about the goals of the program in order to promote active involvement and participation from the community to serve the survivor in their time of crisis. The Outreach Coordinator will provide direct service delivery to family violence survivors and their children through counseling, advocacy, and referral. The Outreach Coordinator will provide other services that have been identified through community surveys: telephone and face-to-face counseling of battered women and their children; crisis intervention; suicide prevention; safety planning; information and referral; direct advocacy; and education regarding the dynamics of domestic violence. The Outreach Coordinator will provide intake counseling; will assist survivors in developing a realistic plan of action; and, will use program resources and community referrals to help survivors meet their needs and achieve their self-identified goals/objectives. Outreach services also include acting as a liaison with other agencies, institutions, or systems to insure service delivery is both comprehensive and expeditious. This may include verbal and/or written presentations of the survivor's needs and circumstances.

There exists a need for continued weekly support group meetings for battered women and formerly battered women and their children that provides a safe and caring atmosphere for survivors to share their experiences of living in violent homes. Outreach advocacy also assists other agency staff in community education efforts, includes speaking to social, civic, and religious organizations about domestic violence and the center's services to the survivors; providing in-service training to other profession Assist in assessments of survivor's issues that may require referrals to appropriate resources for safe housing and other referrals within the community. This proposed project is: 1. To provide safety measures and support to victims of abuse by assisting them through the court system. The services of New Start Center, will enable them to live in a safe place and to find emotional, educational and psychological support as well as relief through the legal system. 2. To provide outreach services to the community in order to educate, provide information, and to bring about awareness of domestic violence and the effects domestic violence has on the family, the children, and the community.

2. Describe gap in community resources and how the gap was identified. Explain what need is created by this gap in services/programs.

New Start Center serves all of St. Martin Parish and all those who need our services. The gaps are as follows: Since we are a rural and economically distressed parish and we no longer have a shelter due to funding cuts, the population we serve often have low income, lack or have unreliable transportation, and have the lack of resources to obtain good transportation, job skills, affordable housing, etc. without the help of the community resources, such as the New Start Center the gap would be impossible for victims services. Due to the separation of upper and lower St. Martin Parish which is split in half by 58,000 acres of wetlands called the Atchafalaya Basin, and is isolated and has characteristics that make it more difficult to provide services there, it is geographically more difficult to access, but also the culture is more rural and isolated. Those who live there are cautious of others who do not belong. We work to become more trusted and accepted as apart of their community. We have been in Stephenville (Lower St. Martin parish) for the past 5 years with outreach advocacy at least once a week, these days are needed for services as the need has become greater then previous staff could accommodate for the underserved and having someone there has been very favorable in serving the needs of the underserved throughout Upper and Lower St. Martin parish since the recession and the oil spill.

B. GOALS

GOALS: The primary mission of all projects is to have a positive impact on the victims, not just to accumulate statistics on how many are served. Based on the problem identified, BRIEFY state what the project hopes to accomplish. Do this by providing a clear statement of the effect this project will have on the problem.

New Start Center goals are:

1. To provide services to 20-25 persons for safety measures and support to victims of abuse by assisting them through the court system. The services of the New Start Center, will enable them to live in a safe place and to find emotional, educational and psychological support as well as relief through the legal system. 2. To provide outreach services to the community in order to educate, provide information, and to bring about awareness of domestic violence and the effects domestic violence has on the family, the children, and the community. This will be done from 10/1/12 through 9/30/13

C. OBJECTIVES

OBJECTIVES: Provide at least TWO (2) measurable objectives for EACH goal. Objectives need to be measurable, observable aspects of the program. Identify who, what will change and by how much. Use absolute numbers, not percentages and be sure to include a baseline number.

New Star Center Objectives:

1. Screening 20-25 women a month who contact the New Start Center and assisting the victims who need a Protective Order. This will be done from 10/1/12 through 9/30/13. New Start Center has provided services to 313 women and 524 children from July 1, 2011 to June 30, 2012.

2. Counseling and working with 20-25 women a month to enable victims and their children to live in a safe environment and to provide the necessary support to be self sufficient and independent through Court and Outreach Advocacy; Providing transportation for victims and their children to a safe place. They are guided into making plans for permanent housing. Lists of rental assistant housing-apartments available in St. Martin Parish are provided. This will be done from 10/1/12 through 9/30/13.

3. Recruit and train 15 volunteers for 12 months to accompany women to court and search for housing as well as help with general duties of the office. This will be done from 10/1/12 through 9/30/13.

D. ACTIVITIES / METHODS

List the specific activities and/or services to be provided that will accomplish the objectives. Must include a timetable for achieving the various components of your project. Timetable must cover entire grant period. This must relate back to the Goals and Objectives. If this is a training project, omit this page and complete D-2 Training Programs.

Objective: 1. Women are assisted in completing a questionnaire which provides information about the need for restraining orders, referrals to medical professionals, need for financial and legal assistance. If a Restraining Order is needed a restraining order is filed. After the restraining order is filed, the victim is guided through the judiciary process. Once the restraining order is received, the victim remains in contact with the Advocate who has assisted her through the process.

Objective: 2. Women are encouraged to come to support group sessions. Where issues of safety, self esteem, addictive relationships, power and control are addressed.

Objective: 3: Volunteers will be trained: to accompany women to court and/or doctor; to search for basic needs, housing as well as help with general duties in the office.

H. PRIOR RESULTS (For Continuation Projects Only)

1. Based on the objectives of the previous application, what were the measurable outcomes? (Refer to the previous project's performance stated in the quarterly progress reports and other additional information.)

The outcomes in the previous application are as follows:

Client feels safe from physical abuse

Client feels safe which results in achieving status change such as self-esteem improves and obtaining jobs improves. Client gains insight, knowledge, change of attitude such as domestic violence education. Client is happier and can better cope with daily life.

Client gains assistance from case management clients transportation needs are met and baby sitting needs are met due to case management and volunteers.

349 clients (55%) of them feel safe and achieve status change.

43 clients (51%) of clients gain insight, knowledge, change of attitude and skills per month. in support groups.

166 clients (48%) of clients received transportation and/or child care.

2. Did the project work as expected? Explain.

Yes, due to victims seeking our services.

3. Have the original goals and objectives been revised? Yes No

If Yes, explain what changes will be made in the continuation of this project and why?

The objectives have been revised due to services being non residential only. The recession and the oil spill/moritorium has caused more advocacy and outreach awareness in victims seeking our services.

I. EVALUATION AND DISSEMINATION OF REPORTING

A COPY OF YOUR EVALUATION FORMS USED FOR THIS PROJECT MUST BE INCLUDED.

1. From who will the data be collected – what is the source?

Monthly statistical data sheets are kept by staff and volunteers responding to the abused women. These are compiled according to services provided and the number of women who received each service.

2. When will the data be collected?

Monthly Statistical data sheets will indicate the number of women who come to support group and roll sheets from sessions indicate how many each client attends.

3. Who will collect and analyze the data?

The impact of this program will be measured by an evaluation form which each victim is asked to complete. The staff uses results of the evaluation to determine how to best continue to serve the victim

4. Who will be responsible for submitting the data for the Quarterly Progress Reports: State name and contact information.

Name: Kristie Prejean

Phone: (337) 394-8559

Email: tigerskmd@yahoo.com

5. Following evaluation, who and how will updating or revising of the project's strategy be accomplished?

The Executive Director will do the program evaluation. The evaluation results will be reported to the Board of Directors. The Board will also take an active role in reviewing statistics and reports the program will submit to various agencies and/or funders. The Executive Director will review clients files monthly. The Advocate will review the files bi-weekly to verify the entire client's needs will be addressed and the client will be receiving adequate options, referrals, and services. Executive Director monthly will monitor the caseload numbers. With an increase in the number of clients served, it will be evident that the program is increasing awareness within the community. Each client's file will be reviewed to evaluate the different referral agencies.

Staff has worked hard to build relationships with community agencies, businesses, and individuals to help those we serve access what they need to reach their immediate and long-term goals of safety, housing, court advocacy, and basic needs.

6. Name the recipients who will receive the project's results and the schedule of reporting (i.e. monthly, quarterly, yearly). Recipients MUST state the Louisiana Commission on Law Enforcement will receive Quarterly Progress Reports and expenditure reports quarterly/monthly as specified at award time. Recipients should also include, if applicable, board of directors, applicant agency (if different from implementing agency), courts with jurisdiction, etc.

Project results will be reported to the New Start Center Board of Directors monthly, Louisiana Commission on Law Enforcement expenditure reports quarterly as specified at awards time with, Crime Victim Assistance (CVA) quarterly, Interest on Lawyer Trust Account (IOLTA) quarterly, Federal Emergency Management Assistance (FEMA) monthly.

**Survivor
Feedback Form
on New Start
Center services**

DATE: _____

Thank you for your help! Although doing this is voluntary, your answers to these questions will help our program understand and improve the services we provide. We do not ask for your name. Your answers are confidential and very important to us. Please respond honestly. When you have finished, put this form in the envelope you were given, seal it, and put it in the place the staff member showed you.

We ask the next questions to see if different groups of people have different experiences here, so we can continue to improve our services for ALL people. But please feel free to leave any item blank if you are concerned it will identify you.

I consider my self to be:

- African American/Black
 Hispanic/Latina
 White
 Other
 Asian/Pacific Islander
 Multiracial
 Native American/Alaskan Native

My age is:
 17 or younger
 18-24
 25-34
 35-49
 50-59
 65 or older

I have minor children (Age 17 or younger)

I consider myself to be:
 Lesbian / Gay
 Other (Please specify)
 Straight
 Heterosexual/
 Bisexual

The highest level of education I have is:

- 8th grade or less
 High School
 College Graduate
 9th -11th grade
 Graduate or GED
 Advanced Degree
 Some college

I am:

Female Male Transgender

1. Because of the services I received from this program I feel:
Please check yes or no

Y E S	N O		Y E S	N O	
		I know more ways to plan for my safety			I am more hopeful about the future
		I know more about community resources			I am more comfortable asking for help
		I know more about my rights and options			I am more confident in my decision making
		I believe I can achieve the goals I set for my self			I am more empowered to do things now
		<i>If Applicable</i>			
		My children are better able to express their feelings without violence			
		My children have a better understanding about what has been happening at home			

2. Please check the responses that best reflect your agreement or disagreement with the following statements.

	Does Not Apply	Strongly Disagree	Disagree	Agree	Strongly Agree
Staff treated me with respect					
Staff were caring and supportive					
Staff spent enough time with me talking about my safety					
The facilities were clean, comfortable and assessable					
Staff put forth an effort to assist with my survivor related needs.					

3. Over all, thinking about my experience with the services I have received, I would rate the help I have received so far as:

Very helpful	helpful	A little helpful	Not at all helpful
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4. If a friend of mine told me she was coming to this program, I would (please check one)

- Strongly recommend she come Recommend she come
 Recommend she not come Strongly recommend she not come

5. Is there anything we can do to improve our services? Yes _____ No _____

People come to our program for different types of help. The following describes different types of services you may have wanted and received. Every person wants and needs different things, so there are no right answers. Please rate each type on the list according to the help you received with the numbers from the box that that best describes your experience.

3	I got all the help of this kind that I wanted
2	I got some of the help of this kind that I wanted
1	I wanted this kind of help but did not get any
0	It does not apply to me or I did not need this service

	Services (For me)		Legal System/legal issues
	Safety Planning; safety for my self		Protective/Retraining Order
	Understanding about Domestic Violence		My abuser's arrest
	Learning about options and choices		My own arrest
	Support from other women		Custody or visitation questions
	Counseling for myself		Divorce related issues
	Education/school for myself		Immigrations issues
	Reconnecting with my community		Criminal Justice System Awareness
	Budgeting and handling my money		
	Finding housing I can afford		Services (For my Children)
	Transportation		Safety for my children
	Leaving my relationship		Child Care
	Emotional support for myself		Education/school for my children
	Help with job or job training		Counseling for my children
	Ideas for handling stress in my life		Health Issues for my children
	Connection to other people who can help me		Responding to my children when they are causing problems
	Health issues for myself		Child welfare systems issues
	TANF/ Welfare benefits		Child protection system issues
	Other government benefits		Trust Building
			OTHER

Other Comments:



EVALUATION FORM

New Start Center

The following questions are designed to allow you to evaluate the services of this program. We are interested in your comments. This will assist us in the development of the best possible program. Your comments will affect any future involvement you may have with New Start Center (NSC)

1. Do you feel that your assistance at New Start Center was beneficial? Yes___ No___

2. Were your needs met in the following areas:

Assistance in referrals for legal matters? Yes___ No___

Referrals to other agencies? Yes___ No___

Group and Individual counseling? Yes___ No___

Child Care? Yes___ No___

Information on Jobs, Housing, etc.? Yes___ No___

3. Were you able to communicate to the staff about your problems and concerns? Yes___ No___

4. Was the staff responsive to you? Yes___ No___

5. Has the counseling been helpful to you? Yes___ No___

Individual Counseling? Yes___ No___

Group Counseling? Yes___ No___

Goal Plans? Yes___ No___

Self Esteem Groups? Yes___ No___

Comments:

6. Were you comfortable with the policies and rules?

Yes ___ No ___

7. Did you feel you were taken advantage of?

Yes ___ No ___

8. Do you have any suggestions for improvements to the New Start Center services for future clients?

Yes ___ No ___

9. What were your expectations of services?

Were your expectations met?

Yes ___ No ___

10. Any further comments you would like to make?

___ I prefer New Start Center not contact me.

___ I hereby give permission for New Start Center to contact me for follow up services.

Name: _____

Date: _____

J. CONTINUATION

- Yes No Do you plan to continue this project at the conclusion of federal support?
Since continued VOCA funding is limited and not assured, alternate funding sources should be sought. Name the sources and potential sources of continued funding for this project at the conclusion of Federal support.

The Board continually reviews and analyzes its financial position and the Executive Director continually searches for grants to provide adequate funding for salaries and programs because both are committed to the Center's success. The Center has received donations from Community members because of their belief in the importance of having the services provided and they have indicated continued support.

K. RESOURCES

Describe the facilities and additional resources available to this project. Include the physical facility where services are provided. If applicable, list other resources available to this project, i.e. equipment, supplies, staff, etc.

800 sq. ft. provides office for 3 staff, kitchen, a reception area, and children's program area. Nine computers, 3 telephones, fax, and a copy machine comprises the technology available.

L. AUDIT REQUIREMENTS

All applications must check one:

- This organization/agency expends \$500,000 or more in federal funds (during the fiscal year of the organization/agency from any and all sources including the amount of this application) AND MUST SUBMIT THE FOLLOWING INFORMATION:
1. Date of last audit
 2. Dates covered by last audit:
 3. Date of next audit:
 4. Dates to be covered by next audit:
 5. Date next audit will be forwarded to LCLE:
- This organization/agency expends less than \$500,000 in federal funds from all sources during the fiscal year of the organization/agency.

M. VOLUNTEERS

- Yes No Are you using volunteers as match?
If yes, describe the duties and functions performed by the volunteers. Indicate the number of volunteer hours per duty-function for this application (this can be an estimate). Volunteers' duties must directly relate to the focus of this project and information stated in Section 100 Personnel.
- Yes No Are volunteers screened in compliance with the Louisiana Child Protection Act (LRS 15:587.1) as appropriate?

15 Volunteers will work approximately 2 hours a day.

They will be available to transport women to and from court and the doctor as needed. They will provide babysitting services as needed. They will assist the women in locating safe affordable housing by transporting them to the sites and discussing options. They will answer the telephone, directing callers to the appropriate advocate or handle disseminating of information requested.

N. REQUIRED COMPONENTS

1. Subgrantees are required to help victims apply for victim compensation. Describe a specific plan on how applicant has or will interface with the Louisiana Crime Victims Reparations Program.

Person who come in for official intake (assistance with a domestic violence problem) are assisted in filling out forms. Through this information it is determined if the client is eligible for reparation. They are given a compensation brochure and are then referred to the Reparations Officer in St. Martin Parish Sheriff's Department, generally within 2 weeks the clients receive compensation

2. Describe how applicant has/will coordinate activities with other criminal justice system/private service providers in the community. If you have obtained cooperative agreements, a copy may be attached to the application in addition to the brief description.

On the state level the Court Advocate has access to Louisiana Protective Order Registry (LPOR) whose staff members are willing to assist in answering questions on Statutes that affect the victim. This relationship between the New Start Center and the LPOR staff is vital to the victim. On a local level New Start Center has a relationship with: The Sheriff's Department who reassures the victim of her safety and continued protection. The Clerk of Court who refers victims of domestic violence to the New Start Center for assistance in protective orders. This assures clients of a professionally trained Court Advocate to assist in filing for protective orders so that clients' judiciary process goes smoothly. The District Attorney Office which provide assurance to the victim to have all their legal needs met satisfactorily by the Judicial System. The Acadiana Legal Service Corp. (ALSC) which is a free legal assistance service in the Acadiana area that we refer clients that want to file for divorces and other legal matters that we are not qualified to handle. There is an on going collaboration between New Start Center and ALSC to service victims. The 16th Judiciary District Judges who provide continuous communication about domestic violence Statutes on protecting the client to the full extent of the law.

3. Indicate how the applicant will address the issue of encouraging the victims to report to law enforcement. Policies and procedures may be attached to the application in addition to the brief description.

When the victim comes to the New Start Center the victim is asked if she has reported to law enforcement agency. If the answer is no, the victim is encouraged to contact Sheriff's Department to file a complaint. Once this is filed, victim is given a copy and asked to go to the Justice of the Peace to file charges. This then goes to the District Attorney whereupon he prosecutes.

4. State that the applicant will comply with the Louisiana Child Protection Act (LRS 15:587.1) as appropriate. The Louisiana Child Protection Act refers to screening prospective employees, NOT reporting instances of child abuse.

The New Start Center will and does comply with Child Protection Act.